

The Department of Health and Human Services, Iowa Medicaid division, implemented multiple flexibilities for the home and community-based (HCBS) 1915(c) waivers and 1915(l) state plan habilitation services due to the COVID-19 related public health emergency (PHE). These flexibilities were granted through the 1915(k) Disaster Application for the 1915(c) waivers and the Disaster State Plan Amendment (SPA) for the 1915 (l) State Plan Habilitation program. The flexibilities granted through the 1915(k) Disaster Application for the 1915(c) HCBS Waivers will expire **six months after the end of the PHE**. Typically, the Disaster SPA for the 1915(l) State Plan Habilitation program expires at the end of the PHE. However, the Department intends to submit a temporary SPA that will extend the 1915(i) flexibilities out to the six months after the end of the PHE to coordinate unwind communications and activities with the 1915(c) waivers.

The recommendations for the HCBS flexibilities implemented, as well as the recommended continuation of each of the flexibilities, are outlined in Table I below. Based on review of service delivery data and feedback from stakeholders, the Department is seeking federal approval to continue two of the flexibilities post-PHE. These flexibilities are outlined in blue at the bottom of Table I.

Table I

Service Description	HCBS Flexibilities	Continue Post PHE
Home Delivered Meals	Extend home delivered meal program, subject to prior authorization, for Medicaid enrollees who are homebound due to PHE and who: 1) are enrolled in a 1915(c) waiver or 1915(i) for which this service is not available 2) are not enrolled in a 1915(c) waiver or 1915(i) but need this service	Allow to expire six months post-PHE
Senior Companion	Extend home delivered meal program, subject to prior authorization, for Medicaid enrollees who are homebound due to PHE and who: 1) are enrolled in a 1915(c) waiver or 1915(i) for which this service is not available 2) are not enrolled in a 1915(c) waiver or 1915(i) but need this service Includes the alternative for companion services to replace supported community living and consumer directed attendant care services that are unavailable if there is a shortage of providers or providers are not able to deliver goal directed service due to the PHE. Allow self-direction of this service.	Allow to expire six months post-PHE
Homemaker	Extend home delivered meal program, subject to prior authorization, for Medicaid enrollees who are homebound due to PHE and who: 1) are enrolled in a 1915(c) waiver or 1915(i) for which this service is not available 2) are not enrolled in a 1915(c) waiver or 1915(i) but need this service	Allow to expire six months post-PHE
Respite	Remove the annual cost limit for respite services for individuals enrolled in the Intellectual Disabilities waiver.	Allow to expire six months post-PHE
Service Description	HCBS Flexibilities	Continue Post PHE

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HCBS Regulations	Not comply with HCBS settings requirements at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time.	Allow to expire six months post-PHE
HCBS Service Plan Review and Quarterly contacts	Allow the option to conduct service plan reviews and quarterly contacts virtually/remotely in lieu of face to face meetings.	Allow to expire six months post-PHE
Case Management	Allow case management companies to provide direct services.	Allow to expire six months post-PHE
HCBS Services	<ol style="list-style-type: none"> 1) Allow services to be provided in an ICF/ID or other facility setting. 2) Allow direct care provider's homes to be authorized settings (subject to approval through ETP request after all other options have been exhausted). 3) Allow direct care providers to move into member's homes (subject to approval through ETP request after all other options have been exhausted). 4) Lift the existing limitation on five person homes to no longer designate an upper limit: providers allowed to consolidate members into homes, with this allowance limited by the home's capacity. 	Allow to expire six months post-PHE
E-Learning	Allow assistance with e-learning for members utilizing supported community living services living (SCL) through HCBS Brain Injury (BI) and Intellectual Disabilities (ID) Waivers or Home-Based Habilitation (HBH) services outside the family home.	Allow to expire six months post-PHE
Processes	<ol style="list-style-type: none"> 1) Allow an extension for reassessments and reevaluations for up to one year past the due date. 2) Adjust prior approval/authorization elements approved in waiver 	Allow to expire six months post-PHE
Processes Typically face-to-face	<ol style="list-style-type: none"> 1) Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face. 2) Allow level of care and needs based assessment evaluations and reevaluations to be completed virtually/remotely in lieu of face-to-face. 3) Allow service plan reviews to be completed virtually/remotely in lieu of face-to-face. 4) Allow quarterly contacts to be completed virtually/remotely in lieu of face-to-face. 5) Allow interim service plan changes based on member's change in need to be completed virtually/remotely in lieu of face-to-face. 	Allow to expire six months post-PHE
Respite	Remove the limitation on respite being provided to children receiving HCBS while parents, or primary caregivers are working from home in order to relieve pressure created by work, school and daycare closures during the PHE.	Allow to expire six months post-PHE
Processes	Add an electronic method of signing off on required documents such as the person-centered service plan for HCBS waiver and habilitation services.	Continue post-PHE
Parent/Spouse Caregiver	<p>Allow parents of minors, spouses and family members to provide direct services in extraordinary circumstances for the services below:</p> <ol style="list-style-type: none"> a. HCBS Consumer Directed Attendant Care (CDAC) b. BI and ID Waivers SCL. 	The Department is seeking approval to continue post-PHE

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The Department has resumed some of the processes in place prior to the PHE and is using a phased approach over the next several months to resume normal operations. The HCBS Unwind plan is broken into four phases as outlined in Table 2 below.

Table 2

Phase	Description	Estimated Begin
Phase 1	Consult with the MCOs on end dates.	90 days prior to PHE end
	Submit 1915(i) SPA to CMS to temporarily extend the flexibilities out 6 months post-PHE	90 days prior to PHE end
Phase 2	Publish an informational letter notifying providers of the changes.	60 days prior to 6 months post PHE end
	Draft HCBS Waiver Amendments to allow parents of minor children, spouses, and immediate family members to provide direct services in exceptional circumstances and to allow Respite while the parent or primary caregiver is working	60 days prior to the end of the PHE
Phase 3	Publish notification of changes to the Medicaid member services webpage.	60 days prior to 6 months post PHE end
	<ul style="list-style-type: none"> Send out a reminder in Institutional and Waiver Authorization and Narrative System (IoWANS) for Case Managers, Community-Based Case Managers, and Integrated Health Homes to update services/ service authorizations and issue (Notice of Decision (NOD) to members. MCOs will remind Iowa HHS and CBCMs to update service plans and services Iowa Medicaid will remind Iowa HHS and CMs via email to update Fee For Service (FFS) plans and service spans in IoWANS. 	60 days prior to 6 months post PHE end
Phase 4	End date all extended HCBS codes in both IoWANS and provider service files to coincide with end of the flexibility.	30 days prior to 6 months post PHE end
	MCOs, CM and Iowa HHS send out an updated Notice of Decision (NOD) showing return to pre-COVID services and service levels.	30 days prior to 6 months post PHE end